

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000056344

1. Entity Name

TERRY'S PAINT & BODY SHOP, INC



Principal Place of Business

8129 PENSACOLA BLVD
PENSACOLA, FL 32534

Mailing Address

8129 PENSACOLA BLVD
PENSACOLA, FL 32534



03262006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FC Number

59-3519460

Applied For

(Not Applicable)

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HEDGES, TERRY
8129 PENSACOLA BLVD
PENSACOLA, FL 32534

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and the filer (applicable)

(NOT for Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

000000504218

04/26/06-90063-007 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
P
HEDGES, TERRY
8129 PENSACOLA BLVD
PENSACOLA, FL 32534

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
S
HEDGES, EULAINÉ
8129 PENSACOLA BLVD
PENSACOLA, FL 32534

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-06 850-778-3317

Date

Count to Phone